CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

410°16

The COU Instruction (Out to contain a large to complete this form	1 Filer ID (Ethics Commission Filers)	2 Total pages file	ed:
The C/OH instruction of	Guide explains how to complete this form.		27	2
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST Mir. Michael NICKNAME LAST Mike Thompson	MI	OFFICE Date Received	USE ONLY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE / OFFICEHOLDER PHONE	ADDRESS / PO BOX; APT / SUITE #; C 2613 Honey Springs Ln Cedur Park, TX AREA CODE PHONE NUMBER (315) 212-0224	TS613 EXTENSION	Date Hand-delivered	or Date Postmarked
6 CAMPAIGN	MS / MRS / MR FIRST	МІ	Receipt #	Amount \$
TREASURER NAME	Mrs. Lynne	SUFFIX	Date Processed	
	Thompson		Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SU 2613 Honey Spring Cedar Park, TX		ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (919) 606 262	EXTENSION Z		
9 REPORT TYPE	January 15 30th day before elect		15th day afte treasurer app (Officeholder	pointment
10 PERIOD COVERED	Month Day Year 2/12/2018	THROUGH 3/	Day Year 26/201	8
11 ELECTION	ELECTION DATE Month Day Year □ Primary S / S / 2018 ☒ General	Runoff Other Description Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Cedar Pork Place 2		.ncil
	GO TO F	PAGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Wr. Michael (Mike) Thompson 15 Filer ID (Ethics Commission Filers)				
Mr. Micha	el C (Mik	e) (hompson		
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Bases				
Additional Pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ		
	2. TOTAL	POLITICAL CONTRIBUTIONS		
		THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$3280.73	
EXPENDITURE TOTALS		OLITICAL EXPENDITURES OF \$100 OR LESS, ITEMIZED	\$ 100.80	
	4. TOTAL	POLITICAL EXPENDITURES	\$ 4268.160	
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD		DAY \$2506.57	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		* 355.58	
18 AFFIDAVIT			**	
LEANN M. QUINN My Notary ID # 11692430 Expires July 30, 2019 I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.				
Signature of Candidate or Officeholder				
AFFIX NOTARY STAMP	P/SEALABOVE			
Sworn to and subscri	bed before me, b	y the said Michael I bymorn	this the	
day of April	100	o certify which, witness my hand and seal of office.		
day or	, 20 , 0	5 corary willon, withess my fianti and sear of office.		
Telmme (thom m. Win City Sec				
Signature of officer ac	lministering oath	Printed name of officer administering oath	Title of officer administering oath	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME 20 Filer ID (Ethics Co		mmission Filers)		
Mr. Michael C(Mike) Thompson				
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT		
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$2425.88			
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$313.33		
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 1000.00		
4. SCHEDULE E: LOANS		\$355.58		
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 596.67		
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ Ø		
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	\$ Ø			
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$2113.11		
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	NDS	\$ 1458.02		
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$ Ø		
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ Ø		
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT RETURNED TO FILER	IONS	\$ Ø		
	······································			

SCHEDULE A1

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: & 7
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Mr. Mi	chael C (Mike) Thompson		
4 Date	5 Full name of contributor out-of-state PAG		7 Amount of contribution (\$)
2/18/18	2/18/18 Sara Groff City; State; Zip Code 817 Bogart, Cedur Park TX 78613		100.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date		C (ID#:)	Amount of contribution (\$)
3/11/18	Sara Groff Contributor address; City; State; Zip Code 817 Bogart, Cedeur Park TX 78613		10.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	_	C (ID#:)	Amount of contribution (\$)
3/11/18	Scott Smith Contributor address; City; State 3700 Katie Lane, Ceder Pa		52.95
Principal occup	eation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
2/17/18	Kimberly Gilby Contributor address; City; State 720 Welson Ranch, Ceder Po	; Zip Code vk Tx 78613	50.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: £7
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Mr. M	ichael C (mike) Thompso	N	
4 Date	5 Full name of contributor out-of-state PAG		7 Amount of contribution (\$)
3/11/18	Debru Thompson 6 Contributor address; City; State 3770 Bridgewater Dr, South	o; Zip Code Port NC 28461	263.47
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date		C (ID#:)	Amount of contribution (\$)
2127/18	James Morin Contributor address; City; State 2810 Zambia Dr, Cedar Pork	; Zip Code TX 78613	100.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)		ions)	
Date	Full name of contributor	: (ID#:)	Amount of contribution (\$)
3/12/18	Maria Martin Contributor address; City; State 2300 Sandra Dr, Cedar Po	; zip Code v-kc TX 78613	200.00
	eation / Job title (See Instructions)	Employer (See Instruct	
Ket	ired	Retired	1
Date		(ID#:)	Amount of contribution (\$)
3/11/18	Maria Talamo Contributor address; City; State; Zip Code 100.00 711 Jagged Rock, Ceder Park TX 78613		100.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)

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SCHEDULE A1

The	Instruction Guide explains how to complete this	1 Total pages Schedule A1: £ 7	
2 FILER NAME	Michael C (Mike) Thomp	304	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ut-of-state PAC	(ID#:)	7 Amount of contribution (\$)
3/17/18	Anne Duffy 6 Contributor address; City; State; Zip Code 2311 Erica Kaitlin Ln, Cedar Park TX 78613		52.95
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
3/11/18	Antonio Champion Contributor address; City; State; 12120 Terraza Circle, Aust		105.58
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
315/18	118 Contributor address; City; State; Zip Code 103 County Rd #80 #22, Leander, TX		100.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
3/12/18	Daniel Thompson S/12/18 Contributor address; City; State; Zip Code 329 8 Northfield Rd, Millington, NJ 07946		105.58
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)

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SCHEDULE A1

The	Instruction Guide explains how to complete this form	1	1 Total pages Schedule A1: 67
2 FILER NAME	hael C (mike) Thompson		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)
3/17/18	John Paul Eaton 6 Contributor address; City; State; Zip Code ZGII Honey Springs Ln, Cedar Park 7x 78613		52.95
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor)	Amount of contribution (\$)
3/13/18	Luis Zervigon Contributor address; City; State; Zin Z609 Beechnut Trace, Cedar Par	p Code K7×78613	105.58
Principal occup	eation / Job title (See Instructions)	mployer (See Instruct	ions)
Date	Full name of contributor)	Amount of contribution (\$)
3/11/18	Will Simpson Contributor address; City; State; Zir 1832 Harvest Dance, Leandor, TX	Code	50.00
Principal occup	ation / Job title (See Instructions)	mployer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
2/27/18	Heather Jefts Contributor address; City; State; Zip 1202 Willow brooke Pr, Cedar Partx	1	100.00
Principal occup	ation / Job title (See Instructions)	mployer (See Instructi	ions)

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SCHEDULE A1

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Mr. Mic	had C (mike) Thompson		
4 Date	5 Full name of contributor	C (ID#:)	7 Amount of contribution (\$)
315/18	Christina Cavalli 6 Contributor address; City; State; Zip Code 3300 Mossy Grove Ct, Cedar Park, TX 78613		75.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ions)
Date	Full name of contributor		Amount of contribution (\$)
3/17/18	Christina Hunt Leg Contributor address; City; State 2120 the Heather Dr, Cedar	rand ; zip Code Park Tx 78613	50.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date		: (ID#:)	Amount of contribution (\$)
3/17/18	Lizza Harrison Contributor address; City; State 14707 FM 2789, Volente T	; Zip Code メ 7884 (50.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date		(ID#:)	Amount of contribution (\$)
3/13/18	Sara Groff Contributor address; City; State 817 Bogart, Cedar Park T		83.33
Dringle - Lancour			2001
Principal occupation / Job title (See Instructions) Employer (See Instruct		ons)	

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SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 67
2 FILER NAME	chael C (Mike) Thompson	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
3/17/18	Michal Broz 6 Contributor address; City; State; Zip Code 4308 Logen Ridge, Ceder Park, TX 78613	87.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	otions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
3/17/18	Mitch Fuller Contributor address; City; State; Zip Code 1510 Big Thicket Dr, Cedar Park TX 78613	25.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor	Amount of contribution (\$)
2/17/18	Mitch Fuller Contributor address; City; State; Zip Code 15:0 Big Thicket Dr, Ceder Park 7x 786i3	50.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
2/18/18	Patrick Walz Contributor address; City; State; Zip Code 3815 Campfire Dr, Cedar Park TX 78613	100.00
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	lions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE	EDED

SCHEDULE A1

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
Mr. Michael C (mike) Thompson			3 Filer ID (Ethics Commission Filers)
4 Date		C (ID#:)	7 Amount of contribution (\$)
3/16/18	Kimberly Gilby 6 Contributor address; City; State 720 Nelson Ranch, Cedar F	e; Zip Code	33.33
Name de la constitución de la co	100 Netson Rackot, Cesta 1		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)
2/17/18	Heather Jefts Contributor address; City; State		0216
3/1//10	Contributor address; City; State	e; Zip Code	23.16
	1202 Willowbrooke Dr., Cedar	12x 1x 78613	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
	Contributor address; City; State	; Zip Code	
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	Contributor address; City; State	; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:		
2 FILER NAME Mr. Michael C (Mike) Thompson		3 Filer ID (Ethics Commission Filers)		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ Ø	
5 Date	5 Date 6 Full name of contributor out-of-state PAC (ID#:) Lee Ann Nye 7 Contributor address; City; State; Zip Code 1808 Ascot Lane, Cedar Park TX		8 Amount of Contribution \$ 9 In-kind contribution description 50.00 Advertising (campaign tos) Check if travel outside of Texas. Complete Schedule T.	
April 1	upation / Job title (FOR NON-JUDICIAL) (See Instructions)		r (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)		f-employed tor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor)	Amount of In-kind contribution Contribution \$ description	
315118	Anne Duffy Contributor address; City; State; Zip Coo 2311 Erica Kaitlin Ln, Cedar Park 7	de 78613	83.33 food + being rage for fund raiser/ meet + greet Check if travel outside of Texas. Complete Schedule T.	
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	r (FOR NON-JUDICIAL)(See Instructions)	
Contributor's	principal occupation (FOR JUDICIAL)	Contribut	Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
	ATTACH ADDITIONAL COPIES OF TI	IIS SCHEDIII	E AS NEEDED	
if o	contributor is out-of-state PAC, please see instruction			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME Mr. Michael C (Mike) Thompson			3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ Ø
	5 Date 6 Full name of contributor out-of-state PAC (ID#:) Heather Jefts 7 Contributor address; City; State; Zip Code 1202 W. Howbrock Dr., Ceder Park TX 78613		
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	ttor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor		Amount of In-kind contribution Contribution \$ description
31/5/18 Molly Bucy Contributor address; City; State; Zip Code		de	30 Advertising -
Principal occu	11008 Shallow Water Rd, Austin inspection / Job title (FOR NON-JUDICIAL) (See Instructions)		Check if travel outside of Texas. Complete Schedule T. r (FOR NON-JUDICIAL)(See Instructions)
		,,-	,
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
	ATTACH ADDITIONAL COPIES OF T		
lf o	contributor is out-of-state PAC, please see instruction	guide for ad	Iditional reporting requirements.

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 9/8/2015

PLEDGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.	1 Total pages Schedule B:			
2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
Mr. Michael C (mike) Thompson				
4 TOTAL OF UNITEMIZED PLEDGES	\$ 1,000 Ø			
5 Date 6 Full name of pledgor out-of-state PAC (ID#:	8 Amount 9 In-kind contribution description			
3/5/18 Sill Pohl 7 Pledgor address; City; State; Zip Code 10800 Pecan Park Blud. Scute 125	1,000			
Austin, TX 78750	Check if travel outside of Texas. Complete Schedule 3			
10 Principal occupation / Job title (See Instructions) Owner/Partner, Real Estate Pohl	Partners			
Date Full name of pledgor out-of-state PAC (ID#:)	Amount In-kind contribution of Pledge \$ description			
Pledgor address; City; State; Zip Code				
	Check if travel outside of Texas. Complete Schedule T.			
Principal occupation / Job title (See Instructions) Employer (See	Instructions)			
Date Full name of pledgor out-of-state PAC (ID#:)	Amount of In-kind contribution Pledge \$ description			
Pledgor address; City; State; Zip Code				
	Check if travel outside of Texas. Complete Schedule T.			
Principal occupation / Job title (See Instructions) Employer (See	Instructions)			
Date Full name of pledgor out-of-state PAC (ID#:)	Amount of In-kind contribution Pledge \$ description			
Pledgor address; City; State; Zip Code	· · ·			
	Check if travel outside of Texas. Complete Schedule T.			
Principal occupation / Job title (See Instructions) Employer (See	Instructions)			
	İ			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE				

LOANS SCHEDULE E

The	1 Total pages Schedule E:				
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Mr. Mi	chael C (mike) Thou	m pson			
4 TOTAL OF UN	NITEMIZED LOANS		\$ Ø		
5 Date of loan	7 Name of lender out-of-state	PAC (ID#:)	9 Loan Amount (\$)		
2/13/18	Michael Thompson		200		
6 Is lender 8 Lender address; City; State; Zip Code		10 Interest rate			
YN	ZG3 Honey Springs La Cedar Park TX 781	63	11 Maturity date N/A		
12 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)	L		
Softwere	Engineer	IBM			
14 Description of Col		15 Check if personal funds were account (See Instructions)	deposited into political		
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)		
	10 Commenter address City	71 71- Codo			
		State; Zip Code			
not applicable					
20 Principal Occupat	tion (See Instructions)	21 Employer (See Instructions)			
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)		
3/10/18	Michael Thompson		155.58		
Is lender a financial		State; Zip Code	Interest rate $\mathcal{O}\%$		
Institution? Y N	2613 Honey Springs Laine,	78613	Maturity date NA		
Principal occupation	nn / Job title (See Instructions)	Employer (See Instructions)			
Softwar	e Engineer	IBM			
Description of Colla		Check if personal funds were deposited into political			
i none i i i i i i i i i i i i i i i i i i i		account (See Instructions)			
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)		
Guarantor address; City; State; Zip Code					
not applicable					
Principal Occupation (See Instructions)		Employer (See Instructions)			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Travel In District Polling Expense Contributions/Donations Made By Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Mr. Mighael C (Mike) Thompson Texas Permocratic Party 7 Pavee address: City; State; Zip Code 3/15/18 6 Amount (\$) POBOX 116, Austin TX 78767 145.00 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 ____ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Fees Check if Austin, TX, officeholder living expense OF EXPENDITURE VAN access Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Patrick Walz 3/11/18 City; State; Zip Code Amount (\$) 3815 Campfire Dr., Ceder Park TX 78613 118.33 Category (See Categories listed at the top of this schedule) ___ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Printing Expense Check if Austin, TX, officeholder living expense EXPENDITURE Reimburse for printing of cards Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Payee name 3/20/18 Patrick Walz City; State; Zip Code Amount (\$) 3815 Campfire Drive, Cedar Park TX 78613 166.67 Category (See Categories listed at the top of this schedule) Description ____ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Advertising Expense Check if Austin, TX, officeholder living expense EXPENDITURE Reinburse for chamber event fee Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Printing Expense Travel Out Of District Salaries/Wages/Contract Labor Other (enter a category not listed above)	
orodi oardi ayrıldır.	The Instruction Guide explains	how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME Mr. M. Chael C (M	3 Filer ID (Ethics Commission Filers)	
4 Date 3/21/18	5 Payee name Shellie Hages - V	ncphahon	
6 Amount (\$)	7 Payee address; City; State; Zip	o Code	
166.67	816 Bogart Rd, Cedar	Park TX 78613	
8	(a) Category (See Categories listed at the top of this sch	hedule) (b) Description	
PURPOSE		Check if travel outside of Texas. Complete Schedule T.	
OF	Advertising Expense	Check if Austin, TX, officeholder living expense	
EXPENDITURE		Reimbuse for bowling 4 lives event	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought Office held	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip	Code	
	Category (See Categories listed at the top of this sch	nedule) Description	
PURPOSE		Check if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE		Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
Date			
Amount (\$)	Payee address; City; State; Zip	Code	
	Category (See Categories listed at the top of this scho	edule) Description	
PURPOSE		Check if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE		Check if Austin, TX, officeholder living expense	
MAC MINNI OTT			
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held	
expenditure to benefit C/OH			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wades/Contract Labor

Candidate/Officeholder/Politica	al Committee Legal Services Salaries/Wages/Co	ontract Labor Other (enter a category not listed above)				
The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F4:	mr. M. chael C. (mike) The	3 Filer ID (Ethics Commission Filers)				
4 TOTAL OF UNITEM	4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$					
5 Date 2/17/18	6 Payee name GoDaddy . Com					
7 Amount (\$) 30.71	7 Amount (\$) 8 Payee address; City; State; Zip Code 14455 A) House P. Ste 7.26 Scottsdale, AZ 85260					
9 TYPE OF EXPENDITURE	Non-Political Non-Political					
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Domain name registration (Advertising) Advertising Expense	Check if travel outside of Texas Complete Schedule T				
11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH						
Date 2/15/18	Payee name Go Daddy . com					
Amount (\$)	Amount (\$) Payee address; City; State; Zip Code					
TYPE OF Expenditure	Political Non-Political					
PURPOSE OF Expenditure	Check if Austin, TX. officeholder living expens					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office soil	ught Office held				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDU	JLE AS NEEDED				

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Waces/Contract Labor

Candidate/Officeholder/Politica	All Committee Legal Services Salaries/Wages/Contract Labor	Other (enter a category not listed above)				
The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F4:	Mr. Michael C (Mike) Thompson	3 Filer ID (Ethics Commission Filers)				
4 TOTAL OF UNITEM	4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$					
5 Date 3/5/2018						
7 Amount (\$)	ZippityPrint. Com 8 Payee address; City; State; Zip Code					
70.99						
9 TYPE OF EXPENDITURE	Political Non-Political					
10	(a) Category (See Categories listed at the top of this schedule) (b) Descriptio	n business eards				
PURPOSE	Business cards Advertising Checkit	travel outside of Texas. Complete Schedule T.				
OF Expenditure		f Austin, TX, officeholder living expense				
	(Havertising) Expense					
11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH						
7/11/18	Bumper Active. com					
Amount (\$)	Payee address; City; State; Zip Code					
1569.63	1569.63 5925 Burnet Rd. Austin TX 78757					
TYPE OF EXPENDITURE	Non-Political Non-Political					
	Category (See Categories listed at the top of this schedule) Description	n Vard signs				
PURPOSE	Yard signs Advertising Checkith	ravel outside of Texas. Complete Schedule T.				
OF Expenditure	Check if	Austin, TX, officeholder living expense				
	(Advertising) Expanse					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought	Office held				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEE	EDED				

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeholder/Politica	, , , , , , , , , , , , , , , , , , , ,					
The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F4:	2 FILERNAME Mr. Michael C (Mike) Thomps	3 Filer ID (Ethics Commission Filers)				
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$						
5 Date 3/11/18						
7 Amount (\$)	8 Payee address; City; State; Zip Code					
79.10	401 Cypress Creek Rd, Ced	- Park; TX 78613				
9 TYPE OF EXPENDITURE	Political Non-Politica					
10	(a) Category (See Categories listed at the top of this schedule)	(b) Description food + beverage				
PURPOSE		Check if travel outside of Texas. Complete Schedule T.				
OF Expenditure	Fundraising Expense	Check if Austin, TX, officeholder living expense				
11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH						
Date 3/15/18	Payee name HEB					
Amount (\$)	Payee address; City; State; Zip Code					
110.69 2800 E Whitestone Blud Cedar Park TX 78613						
TYPE OF EXPENDITURE	Political Non-Politica					
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE		Check if travel outside of Texas. Complete Schedule T.				
OF EXPENDITURE	Fundraising Expense	Check if Austin, TX, officeholder living expense				
		food supplies for Pizzaparty				
Complete ONLY if direct expenditure to benefit C/OF		sought Office held				
	ATTACH ADDITIONAL COPIES OF THIS SCHE	DULE AS NEEDED				

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Contributions/Donations Made E Candidate/Officeholder/Politica	al Committee Legal Services Salaries/Wages	/Contract Labor Other (enter a category not listed above)			
The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F4:	Mr. Michael C (mike) Thou	3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$					
5 Date	6 Payee name				
3/13/18	Go Daddy.com				
7 Amount (\$)	8 Payee address; City; State; Zip Code				
191.75	191.75 14455 N. Hayden Rd, Ste. 226 Scottsdale, AZ 85260				
9 TYPE OF EXPENDITURE	Political Non-Politica	d .			
10	(a) Category (See Categories listed at the top of this schedule)	(b) Description web hosting			
PURPOSE	1 tob backing Advertising	Check if travel outside of Texas. Complete Schedule T.			
OF EXPENDITURE	tueb hosting Advertising	Check if Austin, TX, officeholder living expense			
EXPENDITIONE	Web hosting Advertising (Advertising) Expense				
11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
Date 2/15/18	Payee name Office Max				
Amount (\$)	Payee address; City; State; Zip Code				
10.83	10.83 1105 C-Bar Ranch, Trail#C, Cedar Park TX 78613				
TYPE OF EXPENDITURE	Political Non-Political				
	Category (See Categories listed at the top of this schedule)	Description Business Cards			
PURPOSE		Check if travel outside of Texas. Complete Schedule T.			
OF	Advertising	Check if Austin, TX, officeholder living expense			
EXPENDITURE	Expense				
Complete ONLY if direct expenditure to benefit C/OF		sought Office held			
emportance to bottone of or					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee		Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services	Polling Expensense Printing Expense			et .
		The Instruction Guide	explains how to com	plete this form.		
1 Total pages Schedule F4:	2 FILER NAME Mr. Michael C (Mike) Thompson 3 Filer ID (Ethics Commission Filers)				Commission Filers)	
4 TOTAL OF UNITEM	IZED EXPE	ENDITURES CHAR	GED TO A CREI	DIT CARD	\$ Ø	
5 Date 3/14/18	6 Payee name HEB					
7 Amount (\$)	8 Payee a	ddress; City; S	State; Zip Code			
15.82	2800 E Whitestone Blud Cedar Park TX 78613					
9 TYPE OF EXPENDITURE	∑ P	olitical	Non-Politic	al		
10	(a) Categor	y (See Categories listed at the	top of this schedule)	(b) Description	on	
PURPOSE	50	~ 10104 0.4	3	Check if	travel outside of Texas. Com	plete Schedule T.
OF EXPENDITURE	tunce	raising exp	rense	i	if Austin, TX, officeholder	٠.,
				propane	for pizza	party event
11 Complete ONLY if direct expenditure to benefit C/OH		idate / Officeholder nan	ne Office	e sought	Office h	eid
Date 3/14/18	Payee n	ame arget				
Amount (\$)	Payee a	ddress; City; S	State; Zip Code			
21.42	1.42 1101 C-Bar Ranch Trail, Lot #2, Cedar Park TX 78613					
TYPE OF EXPENDITURE	Political Non-Political					
	Categor	y (See Categories listed at the	top of this schedule)	Descriptio		
PURPOSE OF					travel outside of Texas. Comp	
EXPENDITURE	Printing expense		Check if Austin, TX, officeholder living expense			
		V V		than	k you card	<i>-</i> S
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		date / Officeholder nam	ne Office	sought	Office h	eld
	, The state of the					
	****			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· · · · · · · · · · · · · · · · · · ·	
	ATTACL	ADDITIONAL CODI	ES OF THIS SCHI	EDIII E AS NEI	EDED	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (or the program of the program o

Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Mr. Michael C (Mike) Thompson 4 Date City of Cedar Park
7 Payee address; City; State; Zip Code 2/12/18 6 Amount (\$) Creek Rd, Cedar Park, TX 78613 50 Reimbursement from political contributions (b) Description (a) Category (See Categories listed at the top of this schedule) 8 candidate filing fee **PURPOSE** Candidate Fee, Place 2 Check if travel outside of Texas. Complete Schedu **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Worley Printing
Payee address; City; State; Zip Code 3/2/18 Amount (\$) 3217 N I-35 Frontage Rd, Austin TX 78722 108.25 Reimbursement from political contributions Category (See Categories listed at the top of this schedule) (b) Description Business Cards **PURPOSE** __ Check if travel outside of Texas. Complete Schedule T. Prosivess Cards **EXPENDITURE** Check if Austin, TX, officeholder living expense (Advertising Experse Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Worley Printing
Payee address; City; State; Zip Code 3/26/18 Amount (\$) 1299,77 3217 N-I35 Frontage Rd, Austin TX 78722 political contributions intended (b) Description road signs (4x8) Category (See Categories listed at the top of this schedule) **PURPOSE** Road Signs (4x8) Check if travel outside of Texas. Complete Schedule T. OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Office sought Office held expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED